

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/538,953 Confirmation No. : 5625  
First Named Inventor : Frank SEIDEL  
Filed : March 13, 2006  
TC/A.U. : 1762  
Examiner : Not Yet Assigned  
Docket No. : 011235.56373US  
Customer No. : 23911  
Title : Method and Device for CVD Coating of Workpieces

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Sir:

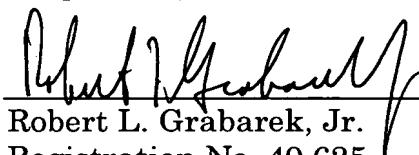
On the attached copy of the Official Filing Receipt, it is noted that the priority country is incorrect. Please correct the error to reflect the correct country, which is **Germany** instead of **Sweden**, as shown on the Receipt.

Kindly provide a "Corrected" Official Filing Receipt to the undersigned attorney of record.

Please charge any fee or credit any overpayment to the Deposit Account of Crowell & Moring L.L.P., Account No. 05-1323, Docket No.: 011235.56373US.

Respectfully submitted,

Date: May 10, 2006

  
\_\_\_\_\_  
Robert L. Grabarek, Jr.  
Registration No. 40,625

Attachments  
Intellectual Property Group  
P.O. Box 14300  
Washington, D.C. 20044-4300

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)**

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\_\_\_\_\_  
Blanca Munoz

May 10, 2006  
Date



OT-149100  
MAY 15 2006  
PATENT & TRADEMARK OFFICE

UNITED STATES PATENT AND TRADEMARK OFFICE

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/538,953	03/13/2006	1762	1030	011235.56373US	2	17	2

CONFIRMATION NO. 5625

23911  
CROWELL & MORING LLP  
INTELLECTUAL PROPERTY GROUP  
P.O. BOX 14300  
WASHINGTON, DC 20044-4300

FILING RECEIPT



\*OC000000018433953\*

Date Mailed: 03/31/2006

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Frank Seidel, Isernhagen H. B., GERMANY;

**Power of Attorney:** The patent practitioners associated with Customer Number 23911.

**Domestic Priority data as claimed by applicant**

This application is a 371 of PCT/DE03/03916 11/26/2003

**Foreign Applications**

SWEDEN 102 58 560.1 12/14/2002

Germany

If Required, Foreign Filing License Granted: 03/30/2006

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/538,953**

Projected Publication Date: 07/06/2006

Non-Publication Request: No

Early Publication Request: No



MAY 15 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

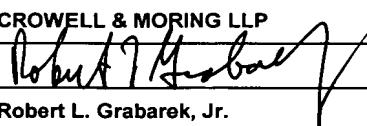
(to be used for all correspondence after initial filing)

		Application Number	10/538,953
		Filing Date	March 13, 2006
		First Named Inventor	Frank SEIDEL
		Art Unit	1762
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	
		011235.56373US	

### ENCLOSURES (check all that apply)

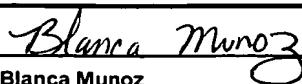
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Corrected Official Filing Receipt 2. Postcard
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CROWELL & MORING LLP		
Signature			
Printed Name	Robert L. Grabarek, Jr.		
Date	May 10, 2006	Reg. No.	40,625

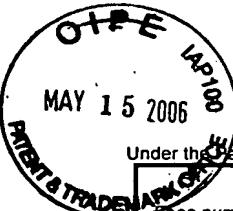
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Signature	
Typed or printed name	Blanca Munoz
Date	May 10, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAY 15 2006

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 00.00)

## Complete if Known

Application Number	10/538,953
Filing Date	March 13, 2006
First Named Inventor	Frank SEIDEL
Examiner Name	Not Yet Assigned

Art Unit 1762

Attorney Docket No. 011235.56373US

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): Deposit Account Deposit Account Number: **05-1323** Deposit Account Name: **Crowell & Moring**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	Fee (\$)	Fee (\$)
	50	25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
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Multiple dependent claims

360	180
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## Total Claims

Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

## Indep. Claims

Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Claims Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

## 4. OTHER SHEET(S)

Fee Paid (\$)

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 40,625	Telephone 949-798-1343
Name (Print/Type)	Robert L. Grabarek, Jr.		Date May 10, 2006

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